PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												,O
		CLAIMS A	S FILED (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			GI					RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC F	₹ 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		· ::[]			X\$ 9=	3/69	OR		
INDEPENDENT CLAIMS			C minus 3 =		2			X40=	20	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							·	+135=		OR	+270±	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	<del></del>	]	TOTAL		
CLAIMS AS AMENDED - PART II							٠				OTHER	THAN
_		(Column 1)	(Column 2) (Column 3)					SMALI	ENTITY	OR	SMALL	ENTITY
- AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 60	Minus	6	/	=		X\$ 9=		OR	X\$18=	
	Ind pendent	ENTATION OF ME	Minus	<u> </u>				X40=		OR	X80=	
	THO PHESE	ENTATION OF ME	JUIPLE DE	PENDENT	CLAIM		1	+135≤	1	OR	+:270=	
•				•	•			TOTA		OR	TOTAL	
		(Column 1)		(Colum	nn.2)	(Column 3)		IDDIT, FEI	: L		ADDIT. FEE	
AMENDMENT B.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER FUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	-6		=		/xsd=	<u> </u>	OR	X\$18≖	
	Ind pendent FIRST PRESE	NTATION OF MU	Minus	ENDENT	CLAIM	<i>= 15</i>		×463		OR	X80=	
BEST AVAILABLE COPY								+135=		OR	+270≃	
							Α	TOTAL DDIŢ. FE		OR	TOTAL ADDIT. FEE	
_	-04g J 25 -	(Column 1) CLAIMS	18055-50-15	(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		5	[	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	• , •		=		X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  ADDIT FEE										OR OR	+270= TOTAL	·
-	If the "Highest Nu	mber Previously Pa ber Previously Paid	id For IN THI	S SPACE is	less than	3 enter "3"	~	DDIT. FEE nd in the a		,	ADDIT. FEE! umn 1.	`
001	PTO-875											

**Application or Docket Number**